



Emergency Department Ebola Virus Disease (EVD) Screening Tool

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Emergency Department screening criteria for patient isolation and notification:

1. Travel to Uganda within 21 days (3 weeks) of symptom onset. **OR** Direct contact with a confirmed or suspect EVD case.

If yes, isolate the patient.

AND

2. Ask if the patient has a history of fever or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** hemorrhage.

If the first criterion is met, **contact the county health department**, to initiate active monitoring of the traveler.

If both criteria are met, implement STANDARD, CONTACT, and DROPLET precautions using equipment that cover all the healthcare worker's exposed skin.

IMMEDIATELY Report Person Under Investigation (PUI) for Ebola to Discuss EVD Testing:

1. Hospital Leadership: **Add Name and Phone Number**
2. XXX county health department contact: **Add Phone Number**
or the Bureau of Epidemiology 24/7 at 850-245-4401